

Another View of No-Fault Insurance

To the Editor: The recent article by Dr. Rubsamen on no-fault medical malpractice in the July, 1972 issue is too provocative to pass without comment.

Dr. Rubsamen has written a scholarly article with great detachment on this matter. His article suffers, however, in that it leans heavily on precedent and is detached from the realities of the contemporary United States.

The current malpractice problem stems from a conflicting view of justifiable compensation. The law views justifiable compensation only as related to liability whereas the public views justifiable compensation as relating to any injury regardless of cause. In this conflict between the legal view and the public view, medicine loses to the public inasmuch as it is the public which sits on juries. Accordingly, medicine should seek to bring the legal view into line with the public view.

It is time to recognize that we should compensate injury regardless of cause. We must bypass the liability concept. Employers learned this long ago when they set up Workmen's Compensation Boards; there is no reason why the medical profession cannot do the same. None of the objections raised by Dr. Rubsamen are material enough that they cannot be overcome by compensation boards.

The present is propitious for medicine to act on this matter inasmuch as both the university hospitals and the federal hospitals are also being sued for medical malpractice. We have a unique moment in time where the private sector, the university sector, and the federal sector are facing a common problem which is of equal importance to all. Furthermore, a solution is available which is equally advantageous, namely, no-fault medical insurance through compensation boards.

As a practicing physician, I have too much at stake in this matter to accept the advice of an expert who is not actively engaged in practice and who, accordingly, does not fully understand the pressure which current malpractice laws

place on the physician in practice. I feel the California Medical Association ought to seek guidance from its members on this matter rather than to rely on an outside expert. I strongly urge the CMA not to accept Dr. Rubsamen's advice and to proceed along the lines suggested above.

What can the membership do to get the CMA to move on this matter?

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Health Education

To the Editor: The recent report on "Medicine 1980 to 2000" [April, 1972, pages 71-95] confirms that physicians now as in the past, are constantly trying to serve the public; are constantly upgrading their performance in spite of being maligned more or less regularly by the news media. The delivery of health services depends also on a health knowledgeable populace. As long ago as 1940, Dr. E. C. Carlson, in his address to the graduating class of the University of Minnesota, made this statement: "In addition to the 3 Rs, must be added an H, not for hallelujah, but for health." A young mother stated the other day that she had graduated from the grades, high school and college without receiving any education regarding health; she approached her first child totally ignorant and she resented it. Even "Home Economics" in college had been so belittled that most students refused to take it.

The information media, on the other hand, both in commercials and in talk programs promote over-the-counter drugs and food faddism, and play up sex and violence. Health education, according to such reporting, consists of teaching youngsters about VD, the Pill, abortion and homosexuality.

If we are going to have an informed public on health matters, that H must be added to the curriculum and the obvious place to start is to make health education a required course for *all teachers*, not only for physical education majors. The curriculum should include physical, mental, emotional and social health. It should be based